

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 6/2000c)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Maziar Movassaghi		SSAN OR EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Toxic Substances Control	
POSITION Acting Director		CB/ID NUMBER NR		DIVISION OR BUREAU Executive Office	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1001 I Street		INDEX NUMBER 5000	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY [REDACTED]		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
6/5	09:00	Residence to Oakland				18.00			SC	25.00			43.00	
		Meeting with Marcus Niebanck - co-chair - re BRAG												
		Meeting with Zack Wasserman re Green Chemistry and Green Remediation												
		Meeting with Unity Council of Oakland re Union Point Park												
		Meeting with California League of Conservation Voters re Green Chemistry												
6/5	20:30	Oakland to Residence							SC	4.00			4.00	
6/18	09:00	Residence to Berkeley.							SC					
		To DTSC Berkeley office - ECL Lab and Brown Bag Meeting with Staff												
6/18	18:30	Berkeley to Residence							SC	4.00			4.00	
(10)		SUBTOTALS				18.00				33.00			51.00	
CLAIM TOTAL													\$51.00	

(11) PURPOSE OF TRIP; REMARKS AND DETAILS (Attach receipts/vouchers when required)

SC = State Car

(12) NORMAL WORK HOURS		PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	TOTAL
8:00 am - 5:00 pm		95080			292	18.00	295	33.00					\$51.00
(13) PRIVATE VEHICLE LICENSE No.													
7PGL740													
(14) MILEAGE RATE CLAIMED													
/mile													
AGENCY ACCOUNTING OFFICE USE ONLY													
PAID BY REV. FUND CHECK No.													
TOTALS						18.00		33.00					\$51.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 6/30/09	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 7/1/09
(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	